

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/802,541-Conf. #3712
Filing Date	March 17, 2004
First Named Inventor	Lalit Kumar Wadhwa
Art Unit	1624
Examiner Name	E. O. Sackey
Attorney Docket Number	0208383-US0

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 07278

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

07278

OR

☐ Firm or
Individual Name

Address				
City				
Country		State		Zip
Telephone		Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Lalit Kumar Wadhwa

Name

Dr. LALIT KUMAR WADHWA

Date

December 05, 2007

Telephone

91-172-5044780

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.